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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	YATES EXPLORATION CO, INC.	Well API No.	30-005-62714
Address	P.O. BOX "O", ALBUQUERQUE, N.M. 87103		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease FEE	Lease No.
NASTY	#2	RACETRACK SAN ANDRES	State, Federal or Fee	
Location				
Unit Letter	L	: 1650	Feet From The	SOUTH
Line and	330	Feet From The	WEST	Line
Section	20	Township	10S	Range
			28E	NMPM,
			CHAVES	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent)
PERMIAN Corporation		P.O. Box 1183 Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	20
	Twp.	10S
	Rge.	28E
Is gas actually connected?	When ?	
no		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/11/90	3/20/91	2,324	0					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3768.0 GL	San Andres-Slaughter	2,216 2232	2,220					
Perforations	2232-34, 2238-40, 2248-50, 2260-62, 2267-69, 2272-74, 2289-91		Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	10-3/4" - 40.5#	412'	270 sx CL C					
7-7/8"	4-1/2" - 10.5#	2,324'	115 sx CL C					
			Post ID-2					
			4-12-91					
			Camp & B17					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
03/18/91	03/18/91	Flowing - (Well put on Pump on 3/24/91)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
3 hrs.	40 psi	0	1/2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. (may have been acid water)	Gas - MCF
40 bbls	30	10	Unknown

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Debra L. Gilkison
Printed Name Debra L. Gilkison/Production Clerk
Date 3/26/91 Title (505) 625-0342
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 9 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.